

FILED OCT 5 1948

Registration District No. 33

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3011

State File No. 29125

Registrar's No. 78

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

In this community _____ years, months or days
3. (a) PRINT FULL NAME William Branch Oliver
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 14 year 1948 hour 5 minute 00 P. M.
21. I hereby certify that I attended the deceased from Sept. 10, 1948, to Sept. 14, 1948 that I last saw him alive on Sept. 13, 1948 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr. 9 1874 (Month) (Day) (Year)

Immediate cause of death Double Lobar pneumonia
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 7 Agers
Of autopsy 108

8. AGE: Years 74 Months 5 Days 5 If less than one day _____ hr. _____ min.

PHYSICIAN
Underline the cause to which death should be charged statistically.
Duration 5 da.

Birthplace Chariton Co. Mo (City, town, or county) (State or foreign country)

Usual occupation Unemployed

Industry or business OLIVER

12. Name Branch Oliver

13. Birthplace Va. (City, town, or county) (State or foreign country)

14. Maiden name Mary Major

15. Birthplace Va. (City, town, or county) (State or foreign country)

16. Informant Dick Oliver OLIVER

17. Address Carrollton Mo

18. (a) Place: burial or cremation Abraham Oak Hill Cem
(b) Date thereof 9-19-48 (Month) (Day) (Year)

(a) Signature of funeral director Stanley Johnson

(b) Address Carrollton Mo

19. (a) 9/16/48 (b) Mrs. Herbert Calvert (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature B. Hamilton (D. of State) Mo
Address Carrollton Mo Date signed Sept 16 48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKES EASY TO REPRODUCE

RECEIVED

District Health Officer No. 8,

District File Number

no. filed

10-4-48

OCT 5 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State File No.

State of Missouri
County of Buchanan } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 22 day of October, 1948, before me appears

Charles E Jones, who, upon his oath, states that the original record of ~~birth~~ death for born Sept 14, 1948 in the State of

Missouri, and which was filed at C. APPROX. 11 AM Mo on SEPT 16, 1948, should be corrected as follows:

Item No. 3 A should read WILLIAM BRANCH OLIVER

Instead of WILLIAM GRANT OLIVER

Item No. 12 should read BRANCH OLIVER

Instead of BRANCH OLIVER

Item No. 16 A should read DICK OLIVER

Instead of DICK OLIVER

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Charles E Jones Relationship step son

819 Richardson St.
Present Address St. Joseph Mo

Subscribed and sworn to before me this 22 day of October, 1948.

My Commission expires May 18 1950 Eme + Dave Notary Public.

Affidavits containing erasures will not be accepted; draw one line through erasures and write above it.

301 26 1948

S-29125

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cannell
(b) City or town Cannerton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Wm H. Oliver

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color of race B

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____

7. Birth date of deceased April 9 1915
(Month) (Day) (Year)

8. AGE: Years 74 Months 05 Days 15 (If less than one day, min. _____)

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1988 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A FINGERPRINT RECORD

3-29125